

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09816420		FILING DATE 03/28/01				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/						55						
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8		/					58						
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40	/						90						
41	/						91						
42	/						92						
43	/						93						
44		/					94						
45	/						95						
46		/					96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	23						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	46						TOTAL CLAIMS						